

Candidate
Annual Report of Receipts and Disbursements
2009

Candidate's Name Alyce G. Clarke
Full Address 1053 Arbor Vista Blvd
Telephone 601-354-5453 Fax 601-354-5453
Contact Name Nancy Stewart Email _____
Office Sought _____ Political Party Democratic

RECEIVED
JAN 29 2010

Secretary of State
Capitol Office
DATESTAMP

☐ Check here if above is different from previous report

TYPE OF REPORT

☒ January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+ \$	\$ 700.00	\$
Total amount of disbursements \$	+ \$ 345.51	\$	\$
Total amount of cash on hand		\$ 14,664.69	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Allye Clarke Page _____ of _____
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	<u>Sara - Blouin</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>8/5/09</u>	\$ <u>35.31</u>
City, State, Zip Code	<u>Indianola, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name	<u>Office Depot</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/21/</u>	\$ <u>44.60</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name	<u>Flowers by Will</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/21/09</u>	\$ <u>85.60</u>
City, State, Zip Code		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name	<u>M F Lamm Womero</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>__/__/__</u>	\$ <u>175.00</u>
City, State, Zip Code	<u>Jackson, MS</u>	<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	<u>Greenbrook</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>__/__/__</u>	\$ <u>55.80</u>
City, State, Zip Code		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>__/__/__</u>	\$
City, State, Zip Code		<u>__/__/__</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$